



MHFRC

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H. Bruce Nethington, Chair
Milamari A. Cunningham, M.D., Vice-Chair

Missouri Health Facilities Review Committee

P.O. Box 570, Jefferson City, MO 65102

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Catherine L. Davis, RN, PhD.
Marion S. Pierson, M.D.

Rep. Thomas A. Villa
Rep. Kenny Jones

Sen. Yvonne Wilson
Sen. Bill Stouffer

Memorandum to Missouri Health Facilities Review Committee

From: Thomas R. Piper, Director
Certificate of Need Program

Date: September 11, 2006

Subject: **Expedited Applications, Staff Analyses and Ballots**

Enclosed are the agenda and staff analyses for the following eight projects:

- #3919 HS: St. John's Regional Medical Center;
- #3967 HS: St. John's Regional Medical Center;
- #3971 NP: Beauvais Manor on the Park;
- #3973 NS: Ashfield Active Living and Wellness Communities;
- #3977 HS: St. Anthony's Medical Center;
- #3970 HS: Fitzgibbon Hospital;
- #3978 HS: Barnes-Jewish St. Peters Hospital; and
- #3979 HS: Christian Hospital.

The applicants have met the expedited application information requirements.

Attached to the front of each analysis is a ballot (yellow paper) for you to either approve the application, or, have it placed on the November 20, 2006, agenda for further review. **Please mark one or the other in the check boxes provided.**

Also attached to each staff analysis is the project application. The applications include any additional information provided by the applicants.

We must receive your ballots by no later than **September 21, 2006**. Please check your preference, sign and date the ballots, place them in the enclosed postage-paid envelope, and mail them back to us. If you believe they will not get back to us by September 21, you can fax them to 573-751-7894.

A third alternative would be to e-mail your votes to us in response to our e-mailed version of this message. *If your votes are e-mailed, your paper copies may be discarded.*

This cycle also offers a fourth alternative. You may also choose to deliver your ballots to us at your September 18, 2006, CON meeting.

Please call us if you have any questions. Thank you for your attention.

TRP/mh

Enclosures: Agenda
Ballot, Staff Analysis and Application for Projects #3919,
#3967, #3971, #3973, #3977, #3970, #3978 and #3979
Return Envelope

**Missouri Health Facilities Review Committee
Expedited Applications
for September 21, 2006 Decisions**

Mail Ballot Agenda

<u>Filing Date/Reviewer</u>	New Business: Expedited applications <u>Application Project Number & Name/City & County/Cost & Description</u>
08/04/06 (MH)	1. #3919 HS: St. John's Regional Medical Center Joplin (Jasper County) \$1,665,000, Replace CT unit
08/04/06 (MH)	2. #3967 HS: St. John's Regional Medical Center Joplin (Jasper County) \$2,312,000, Replace linear accelerator
08/10/06 (MH)	3. #3971 NP: Beauvais Manor on the Park St. Louis (St. Louis City) \$210,000, LTC bed expansion through the purchase of 38 SNF beds
08/10/06 (MH)	4. #3973 NS: Ashfield Active Living and Wellness Communities Kirkwood (St. Louis County) \$12,000,000, Replace 53 SNF beds
08/10/06 (MH)	5. #3977 HS: St. Anthony's Medical Center St. Louis (St. Louis County) \$1,343,523, Replace cardiac catheterization lab
08/10/06 (MH)	6. #3970 HS: Fitzgibbon Hospital Marshall (Saline County) \$1,542,615, Replace MRI unit
08/10/06 (MH)	7. #3978 HS: Barnes-Jewish St. Peters Hospital St. Peters (St. Charles County) \$1,748,190, Replace MRI unit
08/10/06 (MH)	8. #3979 HS: Christian Hospital St. Louis (St. Louis County) \$2,042,461, Replace cardiac catheterization lab

EXPEDITED APPLICATION BALLOT

September 11, 2006

In accordance with your Rules, this ballot should be received in the Certificate of Need Program office by no later than **September 21, 2006**. It may be returned by mail, e-mail or fax. *(If your vote is e-mailed, the paper copy may be discarded.)*

Project Name: **St. John's Regional Medical Center**
Project Number: **3919 HS**
Project Cost: **\$1,665,000 (Recommend \$1,475,086)**
Description: **Replace CT Scanner**
Applicant(s): **St. John's Regional Medical Center (owner/operator)**

(please check either of the following)

☐

Approve the proposal as recommended.

☐

I have questions. Please place the proposal on the November 20, 2006, Committee meeting agenda for further discussion.

Signature of «Name»

Date Signed

.....
mail to: Certificate of Need Program
P.O. Box 570
Jefferson City, MO 65102

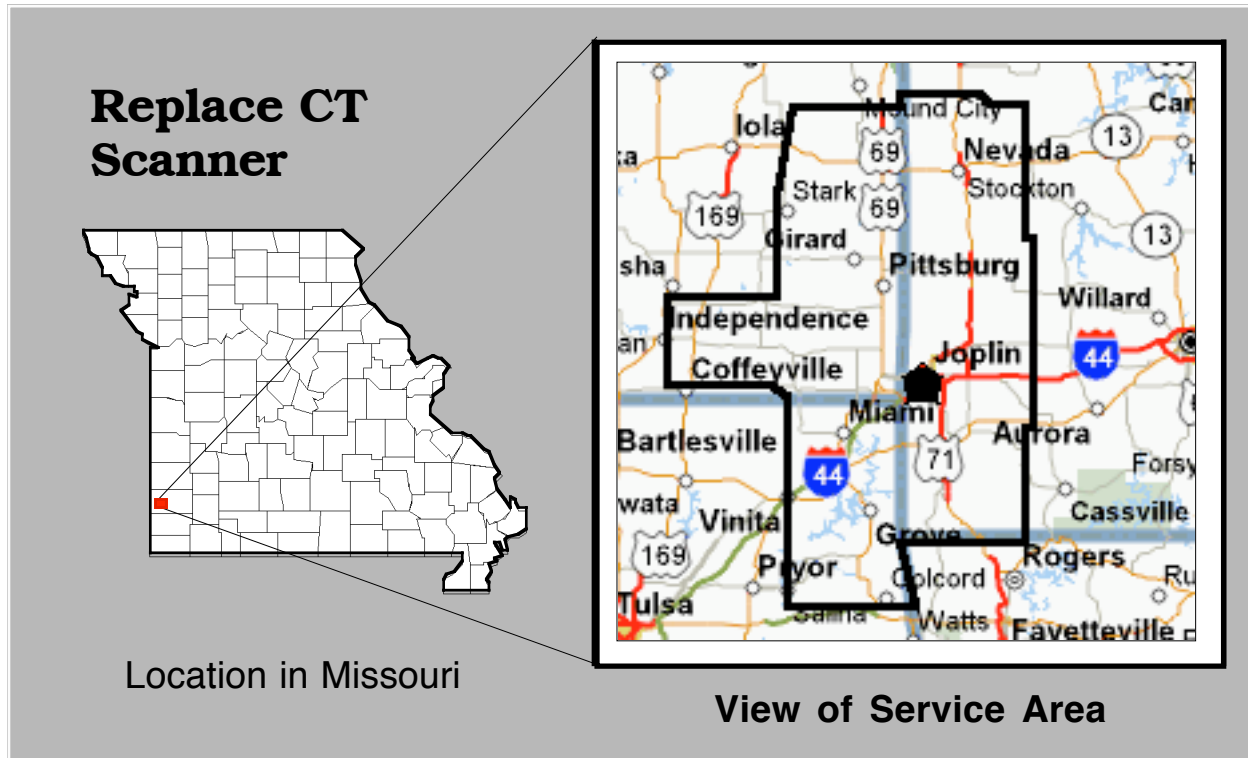
or

fax to: 573-751-7894

or

email to: moconp@mchsi.com (no signature required)

#3919 HS: St. John's Regional Medical Center



Applicant: St. John's Regional Medical Center (owner/operator)

Contact Person: Ronald Nowosad, 417-625-2209

Project Address: 2727 McClelland Boulevard
Joplin 64804 (Jasper County)

Cost: \$1,665,000 (*Recommend \$1,475,086*)

Appl. Rec'd: August 4, 2006

100 Days Ends: November 12, 2006 (30-Day Extension: December 12, 2006)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3)..... Documented
- Proposal Description..... 19 CSR 60-50.430(4)..... Documented
- Community Need..... 19 CSR 60-50.440(3)..... Documented

APPLICATION SUMMARY:

The application summary was complete.

1. The Applicant Identification and Certification form was complete.
2. The Registered Representative forms for the Contact Person and five other parties were complete.
3. The Proposed Project Budget form was complete. However, during the completeness process the applicant got a revised bid for the equipment which lowered the project cost to \$1,475,086. A new budget was submitted to reflect the revised cost.

PROPOSAL DESCRIPTION:

The detailed project description was complete.

1. The applicant proposes to **replace a computerized tomography (CT) scanner** with a General Electric Lightspeed VCT 64-slice unit. The existing Philips single slice unit previously received CON approval on December 24, 1987 (project #1325 HS). The new unit would be placed in the space where the existing unit is located.
2. The applicant provided a complete listing of the equipment to be acquired.
3. The bid quote provided by the applicant documented the equipment costs.

COMMUNITY NEED CRITERIA AND STANDARDS:

The need according to the Criteria and Standards for Equipment and New Hospitals was documented.

1. The financial rationale for the proposed replacement is that the maintenance expenses for the existing unit have averaged \$70,000 per year. In addition, it is expected that the new unit would increase revenues by an additional \$300,000 per year through additional cardiac procedures.
2. The 19-year-old existing unit has far exceeded the current American Hospital Association "useful life guideline" of five years for CT scanners.
3. Quality of care would be improved through faster results, the ability to perform procedures that cannot be done with the existing equipment, and higher quality images which would result in more accurate diagnoses and improved treatment plans.
4. Maintenance downtime has been an ongoing problem with the existing unit.
5. The existing unit is not a leased unit.
6. The technological advances of the new unit include:
 - Faster throughput;
 - CT angiography;
 - Calcium scoring;
 - Enhanced image quality; and
 - Software that reduces radiation dose.
7. Patient satisfaction would be improved through shorter waiting times, faster results and avoided invasive procedures.

#3919 HS: St. John's Regional Medical Center

8. Patient outcomes would be improved by the better clinical information provided by the new equipment, the ability to provide earlier diagnosis and treatment, and the ability to avoid some invasive cardiac procedures.
9. The applicant estimates that utilization would increase by approximately 1,000 procedures in the first year of operation due to the ability to perform cardiac studies that cannot be done with the existing equipment.
10. The primary new capabilities of the new equipment are;
 - CT angiography;
 - Peripheral angiography;
 - Coronary angiography; and
 - Carotid angiography.
11. The applicant's historical average patient charges per CT scan for FY 2004 through FY 2006 were \$1339, \$1371, and \$1553, respectively. For FY 2007 through FY 2009, average patient charges per CT scan are projected to be \$1439, \$1492, and \$1552, respectively. The proposed charges for FY 2007 through FY 2009 reflect an estimated annual increase of just under 4%.

ADDITIONAL INFORMATION:

*A moderate amount of additional information was requested from the applicant.
A copy is included with the application in this mailing.*

EXPEDITED APPLICATION BALLOT

September 11, 2006

In accordance with your Rules, this ballot should be received in the Certificate of Need Program office by no later than **September 21, 2006**. It may be returned by mail, e-mail or fax. *(If your vote is e-mailed, the paper copy may be discarded.)*

Project Name: **St. John's Regional Medical Center**
Project Number: **3967 HS**
Project Cost: **\$2,312,000 (Recommend \$2,100,000)**
Description: **Replace Linear Accelerator**
Applicant(s): **St. John's Regional Medical Center (owner/operator)**

(please check either of the following)

☐

Approve the proposal as recommended.

☐

I have questions. Please place the proposal on the November 20, 2006, Committee meeting agenda for further discussion.

Signature of «Name»

Date Signed

.....
mail to: Certificate of Need Program
P.O. Box 570
Jefferson City, MO 65102

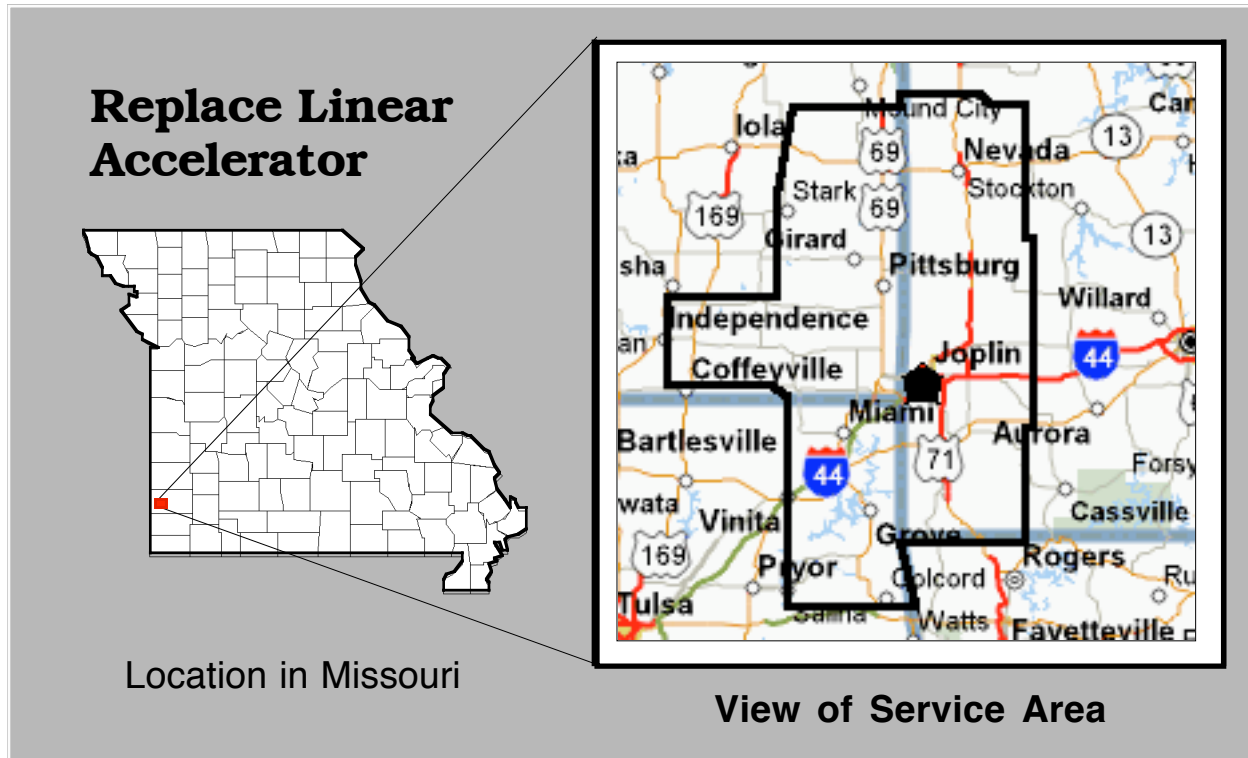
or

fax to: 573-751-7894

or

email to: moconp@mchsi.com (no signature required)

#3967 HS: St. John's Regional Medical Center



Applicant: St. John's Regional Medical Center (owner/operator)

Contact Person: Ronald Nowosad, 417-625-2209

Project Address: 2727 McClelland Boulevard
Joplin 64804 (Jasper County)

Cost: \$2,312,000 (*Recommend \$2,100,000*)

Appl. Rec'd: August 4, 2006

100 Days Ends: November 12, 2006 (30-Day Extension: December 12, 2006)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3)..... Documented
- Proposal Description..... 19 CSR 60-50.430(4)..... Documented
- Community Need..... 19 CSR 60-50.440(3)..... Documented

APPLICATION SUMMARY:

The application summary was complete.

1. The Applicant Identification and Certification form was complete.
2. The Registered Representative forms for the Contact Person and four other parties were complete.
3. The Proposed Project Budget form was complete. However, during the completeness process, the applicant got a revised bid for the equipment, and they removed some non-reviewable minor renovation costs which lowered the project cost to \$2,100,000. A new budget was submitted to reflect the revised cost.

PROPOSAL DESCRIPTION:

The detailed project description was complete.

1. The applicant proposes to **replace a linear accelerator** with a Varian Clinac iX linear accelerator. The existing Varian 2100 unit previously received CON approval on April 15, 1991 (project #1762 HS). The new unit would be placed in the vault where the existing unit is located.
2. The applicant provided a complete listing of the equipment to be acquired
3. The bid quote provided by the applicant documented the equipment costs.

COMMUNITY NEED CRITERIA AND STANDARDS:

The need according to the Criteria and Standards for Equipment and New Hospitals was documented.

1. The financial rationale for the proposed replacement is that the maintenance expenses for the existing unit since July 2000 have been \$885,245. If the machine is not replaced, additional expenses of more than \$150,000 would be required.
2. The 14-year-old existing unit has far exceeded the current American Hospital Association "useful life guideline" of seven years for linear accelerators.
3. Quality of care would be improved through the ability to provide intensity-modulated radiation therapy (IMRT) which has become the standard of care for treatment of cancers including prostate, pancreatic, head and neck. The new unit would also allow for image-guided radiation therapy (IGRT).
4. Maintenance downtime has been an ongoing problem with the existing unit.
5. The existing unit is not a leased unit.
6. The technological advances of the new unit include both IMRT and IGRT which allow for more precise targeting, optimized dose delivery, and the ability to spare healthy tissue.
7. Patient satisfaction would be improved through better cure rates when compared to conventional radiation therapy, and through decreased side effects.
8. Patient outcomes would be improved through the ability to provide higher dose rates which lead to fewer reoccurrences of tumors.

#3967 HS: St. John's Regional Medical Center

9. The applicant estimates that utilization should increase due to increased referrals from area physicians due to the ability to provide IMRT and IGRT.
10. The primary new capabilities of the new equipment are;
 - Ability to perform IMRT;
 - Ability to perform IGRT; and
 - Ability to enhance field shaping with a 120-leaf collimator.
11. The applicant's historical average patient charges per linear accelerator treatment for FY 2004 through FY 2006 were \$1044, \$1067, and \$1070, respectively. For FY 2007 through FY 2009, average patient charges per linear accelerator treatment are projected to be \$1126, \$1160, and \$1552, respectively. The proposed charges for FY 2007 through FY 2009 reflect an estimated annual increase of 4%.

ADDITIONAL INFORMATION:

*A moderate amount of additional information was requested from the applicant.
A copy is included with the application in this mailing.*

EXPEDITED APPLICATION BALLOT

September 11, 2006

In accordance with your Rules, this ballot should be received in the Certificate of Need Program office by no later than **September 21, 2006**. It may be returned by mail, e-mail or fax. *(If your vote is e-mailed, the paper copy may be discarded.)*

Project Name: **Beauvais Manor on the Park**
Project Number: **3971 NP**
Project Cost: **\$210,000**
Description: **LTC Bed Expansion of 38 SNF Beds**
Applicant(s): **CCM Ventures, LLC (owner)**
Bevo Health Care Management, Inc. (owner/operator)

(please check either of the following)



Approve the proposal as presented.



I have questions. Please place the proposal on the November 20, 2006, Committee meeting agenda for further discussion.

Signature of «Name»

Date Signed

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mail to: Certificate of Need Program
P.O. Box 570
Jefferson City, MO 65102

or

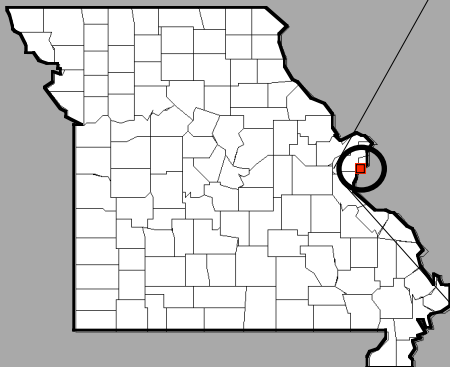
fax to: 573-751-7894

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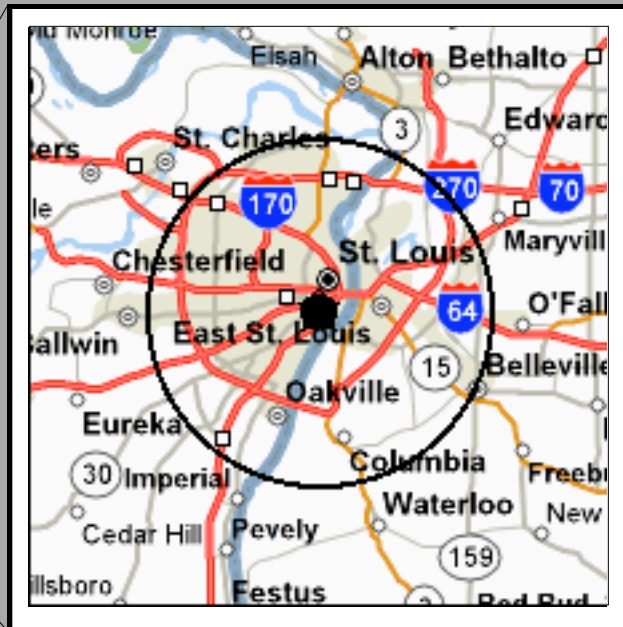
email to: moconp@mchsi.com (no signature required)

#3971 NP: Beauvais Manor on the Park

LTC Bed Expansion of 38 SNF Beds



Location in Missouri



View of Service Area

Applicants: CCM Ventures, LLC (owner)
Bevo Health Care Management, Inc. (owner/operator)

Contact Person: Joan B. Killgore, 314-444-7675

Project Address: 3625 Magnolia Avenue
St. Louis 63108 (St. Louis City)

Cost: \$210,000

Appl. Rec'd: August 10, 2006
100 Days Ends: November 19, 2006 (30-Day Extension: December 19, 2006)

Conclusions: *Based on the following Certificate of Need Rules:*

- Application Summary... 19 CSR 60-50.430(3)..... Documented
- Detailed Description.....19 CSR 60-50.430(4)..... Documented
- Community Need..... 19 CSR 60-50.450(4)(A).. Documented

#3971 NP: Beauvais Manor on the Park

APPLICATION SUMMARY:

The application summary was complete.

1. The Applicant Identification form was complete.
2. The Registered Representative form for the Contact Person was complete.
3. The Proposed Project Budget form was complete.

PROPOSAL DESCRIPTION:

The detailed project description was complete.

1. The applicants propose a long-term care (LTC) bed expansion through the **purchase of 38 skilled nursing facility (SNF) beds** pursuant to §197.318.8(1), RSMo. The beds would be purchased from Chesterfield Manor located at 14001 Olive Boulevard, Chesterfield, MO 63017 (St. Louis County), which is approximately 15.5 miles away. Beauvais Manor on the Park is currently licensed for 146 SNF beds and 38 residential care facility (RCF) II beds. As of August 28, 2006, RCF II beds are now known as assisted living facility (ALF) beds. Upon completion of the project, the facility would be licensed for 184 SNF beds and 0 ALF beds.
2. Schematic drawings were provided by the applicant.
3. No new construction or renovation would be needed. The applicants would convert 38 existing RCF II (ALF) beds to SNF. The applicant has not indicated any plans to sell the RCF (ALF) beds prior to their closure.
4. The applicants documented ownership of the project site.

COMMUNITY NEED CRITERIA AND STANDARDS:

The applicants documented compliance with the Criteria and Standards for "Long Term Care."

1. The LTC Facility Expansion CERTIFICATION from the Division of Senior Services and Regulation confirmed compliance (92.3%) with the minimum occupancy requirement of 90%, and verification of no final Class I patient care deficiencies within the past 18 months when the Letter of Intent was submitted.
2. The applicants provided a copy of the signed PURCHASE AGREEMENT for the additional beds.
3. The applicant provided a copy of the reissued license for Chesterfield Manor to document a 38-bed reduction in licensed SNF beds.

EXPEDITED APPLICATION BALLOT

September 11, 2006

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Project Name: **Ashfield Active Living and Wellness Communities**
Project Number: **3973 NS**
Project Cost: **\$12,000,000**
Description: **Replace 53-Bed SNF**
Applicant(s): **Ashfield Active Living and Wellness Communities, Inc.
(owner/operator)**

(please check either of the following)

☐

Approve the proposal as presented.

☐

I have questions. Please place the proposal on the November 20, 2006, Committee meeting agenda for further discussion.

Signature of «Name»

Date Signed

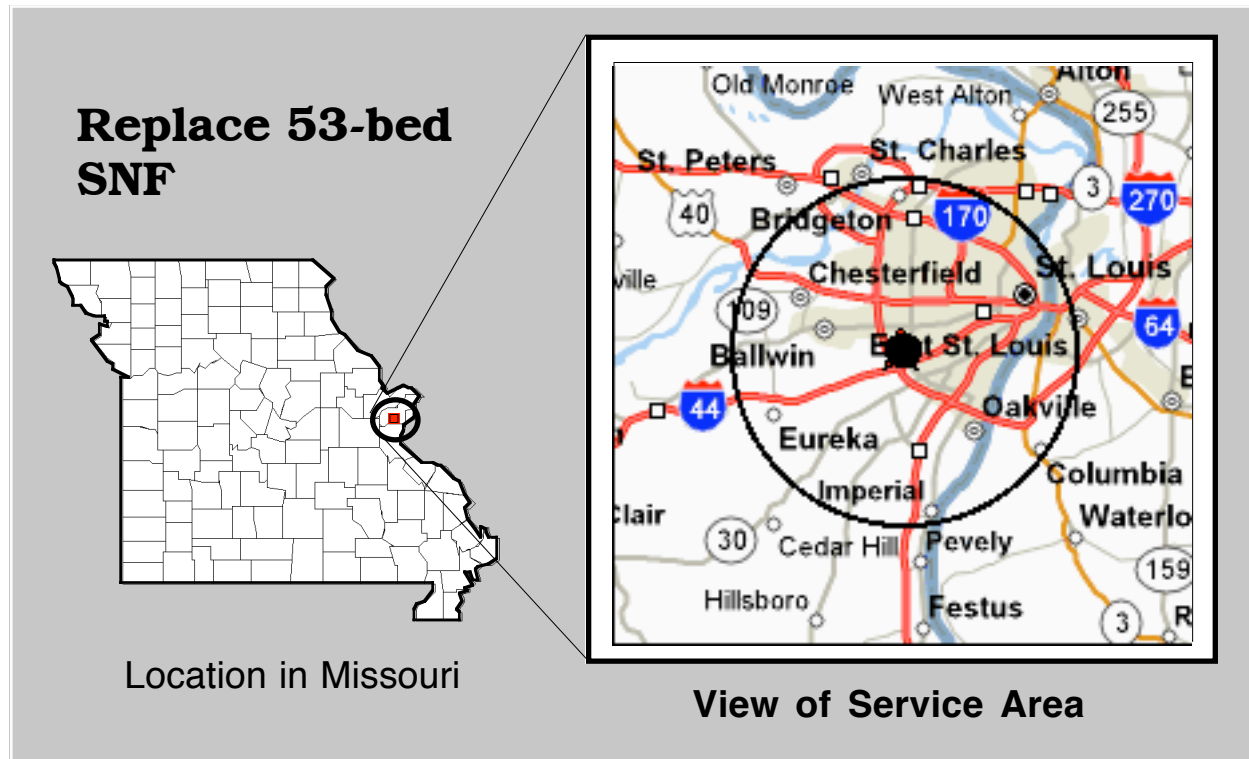
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mail to: Certificate of Need Program
P.O. Box 570
Jefferson City, MO 65102

or

fax to: 573-751-7894

or

email to: moconp@mchsi.com (no signature required)



Applicant: Ashfield Active Living and Wellness Communities, Inc.
(owner/operator)

Contact Person: Richard D. Watters, 314-621-2939

Project Address: 525 Couch Avenue
Kirkwood 63122 (St. Louis County)

Cost: \$12,000,000

Appl. Rec'd: August 10, 2006

100 Days Ends: November 19, 2006 (30-Day Extension: December 19, 2006)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary... 19 CSR 60-50.430(3)..... Documented
- Proposal Description..... 19 CSR 60-50.430(4)..... Documented
- Community Need..... 19 CSR 60-50.450(3)..... Documented

APPLICATION SUMMARY:

The application summary was complete.

1. The Applicant Identification form was complete.
2. The Registered Representative form for the Contact Person was complete.
3. The Proposed Project Budget form was complete.

PROPOSAL DESCRIPTION:

The detailed project description was complete.

1. The applicant proposes to **replace a 53-bed skilled nursing facility (SNF), within 15 miles**, pursuant to §197.318.10, RSMo. The 53 SNF beds are currently located at Chesterfield Manor, 14001 Olive Road, Chesterfield, MO 63017, which is approximately 9.33 miles from the proposed site. The proposed facility would be a part of a continuing care retirement community. The new SNF would have 36 beds for standard skilled care and 17 beds devoted to dementia care.

It is important to note that the proposed site is the current location of SSM St. Joseph Hospital of Kirkwood. This site would not be available to the applicant for redevelopment until late 2009 or early 2010 when the hospital vacates the premises upon completion of their new hospital in Fenton. This means that the applicant will have to request and receive at least six six-month extensions to maintain the viability of any Certificate of Need granted to them through this application.

3. The new facility would have approximately 37,100 square feet of space.
4. The applicant provided a signed copy of the real estate sale purchase and sale agreement for the proposed project site.

COMMUNITY NEED CRITERIA AND STANDARDS:

The applicant documented compliance with the Criteria and Standards for "Long Term Care."

1. The applicant documented common ownership of both facilities by providing copies of the corporate bylaws for Ashfield Active Living and Wellness Communities, Inc., and a Certificate of Partnership Interest of Chesterfield Management Associates, L.P.
2. The applicant documented that the two locations are within the 15-mile limit. The applicant also provided a signed stipulation that Chesterfield Manor would never be used again for long-term care.

EXPEDITED APPLICATION BALLOT

September 11, 2006

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Project Name: **St. Anthony's Medical Center**
Project Number: **3977 HS**
Project Cost: **\$1,343,523 (Recommend \$1,306,727)**
Description: **Replace Cardiac Catheterization Lab**
Applicant(s): **St. Anthony's Medical Center (owner/operator)**

(please check either of the following)

☐

Approve the proposal as recommended.

☐

I have questions. Please place the proposal on the November 20, 2006, Committee meeting agenda for further discussion.

Signature of «Name»

Date Signed

.....
mail to: Certificate of Need Program
P.O. Box 570
Jefferson City, MO 65102

or

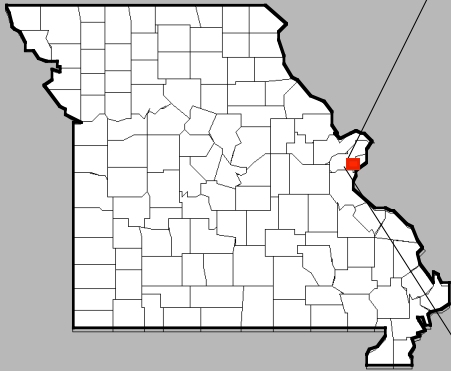
fax to: 573-751-7894

or

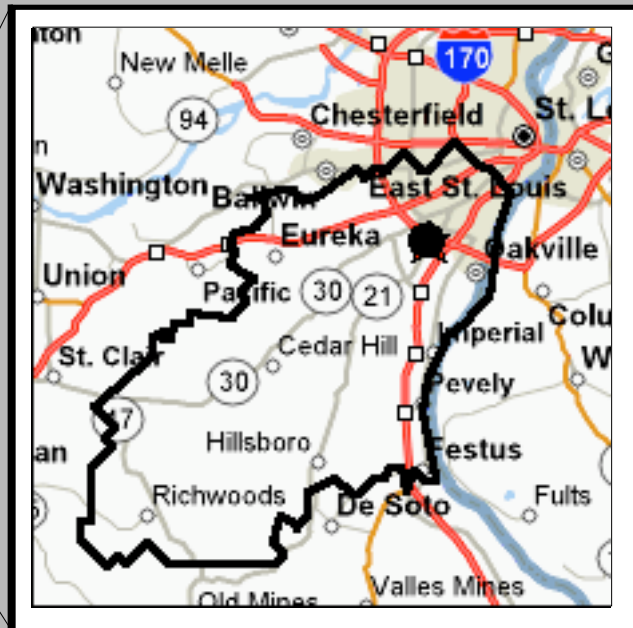
email to: moconp@mchsi.com (no signature required)

#3977 HS: St. Anthony's Medical Center

Replace Cardiac Cath Lab



Location in Missouri



View of Service Area

Applicant: St. Anthony's Medical Center (owner/operator)

Contact Person: Michalene D. Maringer, 314-525-1058

Project Address: 10010 Kennerly Road
St. Louis 63128 (St. Louis County)

Cost: \$1,343,523 (*Recommend \$1,306,727*)

Appl. Rec'd: August 10, 2006

100 Days Ends: November 19, 2006 (30-Day Extension: December 19, 2006)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3)..... Documented
- Proposal Description..... 19 CSR 60-50.430(4)..... Documented
- Community Need..... 19 CSR 60-50.440(3)..... Documented

APPLICATION SUMMARY:

The application summary was complete.

1. The Applicant Identification and Certification form was complete.
2. The Registered Representative forms for the Contact Person and one other party were complete.
3. The Proposed Project Budget form was complete. However, when responding to a request for additional information the applicant found that the original budget was incorrect. A revised budget was submitted reducing the project cost to \$1,306,727.

PROPOSAL DESCRIPTION:

The detailed project description was complete.

1. The applicant proposes to **replace a cardiac catheterization laboratory** with a Siemens Axiom Artis system. The existing General Electric system previously received CON approval on July 20, 1994 (project #2140 HS). The new equipment would be placed in the space where the existing equipment is located. Installation costs include construction for a ceiling-mounted detector system.
2. The applicant provided a complete listing of the equipment to be acquired.
3. The bid quotes provided by the applicant documented the equipment cost.

COMMUNITY NEED CRITERIA AND STANDARDS:

The need according to the Criteria and Standards for Equipment and New Hospitals was documented.

1. The financial rationale for the proposed replacement includes the high cost of maintaining the existing equipment and revenues lost due to increasing downtime of the existing unit.
2. The 12-year-old existing equipment has exceeded the current American Hospital Association "useful life guideline" of seven years for cardiac cath equipment.
3. Quality of care would be enhanced through improved image quality, ability to handle patients larger than 300 pounds, faster transfer of image data and reduced radiation exposure.
4. Maintenance downtime has been a problem with the existing equipment as evidenced by 45 service calls in the past 18 months resulting in downtime of 213 hours.
5. The existing equipment is not leased.
6. The technological advances of the new equipment include:
 - State-of-the-art flat-plane detector technology; and
 - Digital imaging storage and faster retrieval.
7. Patient satisfaction would be improved because:
 - Exam times would be faster;
 - Greater reliability of the new equipment would reduce rescheduling of procedures interrupted by maintenance downtime;

#3977 HS: St. Anthony's Medical Center

- Ability to handle larger patients; and
 - Radiation exposure would be reduced 40% to 60%.
8. Patient outcomes would be improved by the better clinical information provided by the new equipment, and the ability to provide earlier diagnosis and treatment.
 9. The applicant estimates that utilization would not increase directly due to the new equipment.
 10. The primary new capabilities of the new equipment are the ability to perform peripheral procedures and the ability to handle patients over 300 pounds.
 11. The applicant's historical average patient charges per cardiac cath procedure for 2004 through 2006 were \$6147, \$6766, and \$7365, respectively. For 2007 through 2009, average patient charges per cardiac cath procedure are projected to be \$7754, \$8142, and \$8549, respectively. The proposed charges reflect an estimated increase of approximately 5% per year.

ADDITIONAL INFORMATION:

*A small amount of additional information was requested from the applicant.
A copy is included with the application in this mailing.*

EXPEDITED APPLICATION BALLOT

September 11, 2006

In accordance with your Rules, this ballot should be received in the Certificate of Need Program office by no later than **September 21, 2006**. It may be returned by mail, e-mail or fax. *(If your vote is e-mailed, the paper copy may be discarded.)*

Project Name: **Fitzgibbon Hospital**
Project Number: **3970 HS**
Project Cost: **\$1,542,615**
Description: **Replace MRI**
Applicant(s): **Fitzgibbon Hospital (owner/operator)**

(please check either of the following)

☐

Approve the proposal as presented.

☐

I have questions. Please place the proposal on the November 20, 2006, Committee meeting agenda for further discussion.

Signature of «Name»

Date Signed

.....
mail to: Certificate of Need Program
P.O. Box 570
Jefferson City, MO 65102

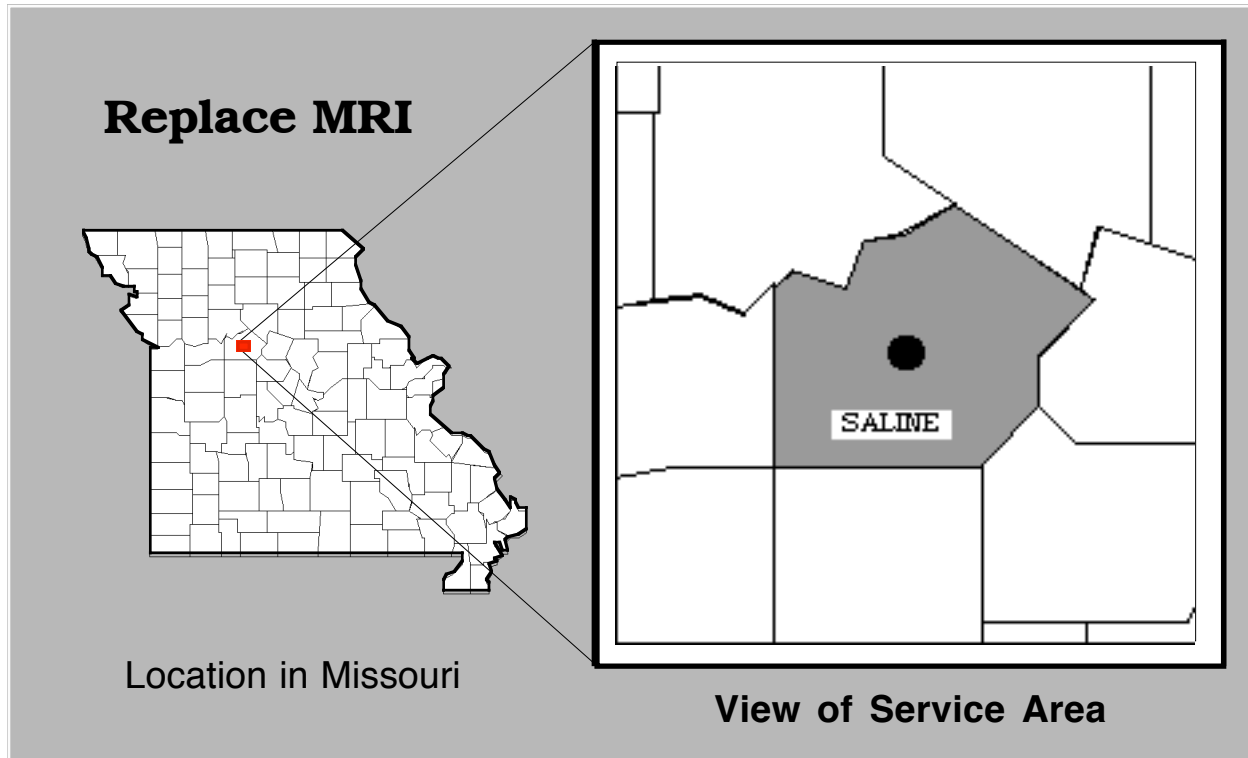
or

fax to: 573-751-7894

or

email to: moconp@mchsi.com (no signature required)

#3970 HS: *Fitzgibbon Hospital*



Applicant: Fitzgibbon Hospital (owner/operator)

Contact Person: Ronald A. Ott, 660-831-3249

Project Address: 2305 S. 65 Highway
Marshall 65340 (Saline County)

Cost: \$1,542,615

Appl. Rec'd: August 10, 2006

100 Days Ends: November 19, 2006 (30-Day Extension: December 19, 2006)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3)..... Documented
- Proposal Description..... 19 CSR 60-50.430(4)..... Documented
- Community Need..... 19 CSR 60-50.440(3)..... Documented

APPLICATION SUMMARY:

The application summary was complete.

1. The Applicant Identification and Certification form was complete.
2. The Registered Representative forms for the Contact Person and one other party were complete.
3. The Proposed Project Budget form was complete.

PROPOSAL DESCRIPTION:

The detailed project description was complete.

1. The applicant proposes to **replace a magnetic resonance imager (MRI)** with a 1.5 Tesla Siemens Magnetom Espree unit. The existing 1.5 General Electric long-bore MRI unit was a refurbished unit which was acquired in 2000 for less than the expenditure minimum. It replaced a mobile service that previously received CON approval on September 14, 1994 (project #2152 HS). The new unit would be placed in the modular building where the existing unit is located. Installation costs include an upgrade of the electrical and mechanical systems, as well as testing and any required upgrades to the shielding.
2. The applicant provided a complete listing of the equipment.
3. The bid quotes provided by the applicant documented the equipment costs.

COMMUNITY NEED CRITERIA AND STANDARDS:

The need according to the Criteria and Standards for Equipment and New Hospitals was documented.

1. The financial rationale for the proposed replacement includes revenues lost due to increasing downtime of the existing unit, and additional revenues to be generated by the new unit due to the ability to perform studies that the old equipment can't do.
2. The 14-year-old existing unit has exceeded the current American Hospital Association "useful life guideline" of five years for MRIs.
3. Quality of care would be improved through faster results, more accurate diagnoses and a short-bore configuration would lessen anxieties for claustrophobic patients.
4. Maintenance downtime has been a problem with the existing unit as nearly 30 service calls were made to repair it in the past 11 months.
5. The existing unit is not a leased unit.
6. The technological advances of the new unit include:
 - Breast studies;
 - Magnetic resonance angiography;
 - Brain perfusion/diffusion studies;
 - Faster throughput;
 - Enhanced image quality; and
 - Short-bore configuration.

#3970 HS: Fitzgibbon Hospital

7. Patient satisfaction would be improved because:
 - Exam times would be faster with the new unit;
 - The short-bore is much more easily tolerated by patients; and
 - Examinations would not have to be delayed or rescheduled due to downtime.
8. Patient outcomes would be improved by the better clinical information provided by the new equipment, and the ability to provide earlier diagnosis and treatment.
9. The applicant estimates that utilization would increase slightly due to faster scan times, the ability to perform new studies, and a reduction in the number of obese and claustrophobic patients that currently need to be referred to other facilities.
10. The primary new capabilities of the new equipment are magnetic resonance angiography, functional studies, and breast MRI studies. Technology included in the new equipment would also eliminate the need for coil changes between many common scans.
11. The applicant's historical average patient charges per MRI procedure for fiscal years 2003 through 2005 were \$1640, \$1760, and \$1797, respectively. For fiscal years 2006 through 2008, average patient charges per MRI procedure are projected to be \$1911, \$1987, and \$2067, respectively. The proposed charges reflect an estimated increase of 4% per year.

ADDITIONAL INFORMATION:

*A small amount of additional information was requested from the applicant.
A copy is included with the application in this mailing.*

EXPEDITED APPLICATION BALLOT

September 11, 2006

In accordance with your Rules, this ballot should be received in the Certificate of Need Program office by no later than **September 21, 2006**. It may be returned by mail, e-mail or fax. *(If your vote is e-mailed, the paper copy may be discarded.)*

Project Name: **Barnes-Jewish St. Peters Hospital**

Project Number: **3978 HS**

Project Cost: **\$1,748,190**

Description: **Replace MRI**

Applicant(s): **Barnes-Jewish St. Peters Hospital (owner/operator)**

(please check either of the following)

☐

Approve the proposal as presented.

☐

I have questions. Please place the proposal on the November 20, 2006, Committee meeting agenda for further discussion.

Signature of «Name»

Date Signed

.....
mail to: Certificate of Need Program
P.O. Box 570
Jefferson City, MO 65102

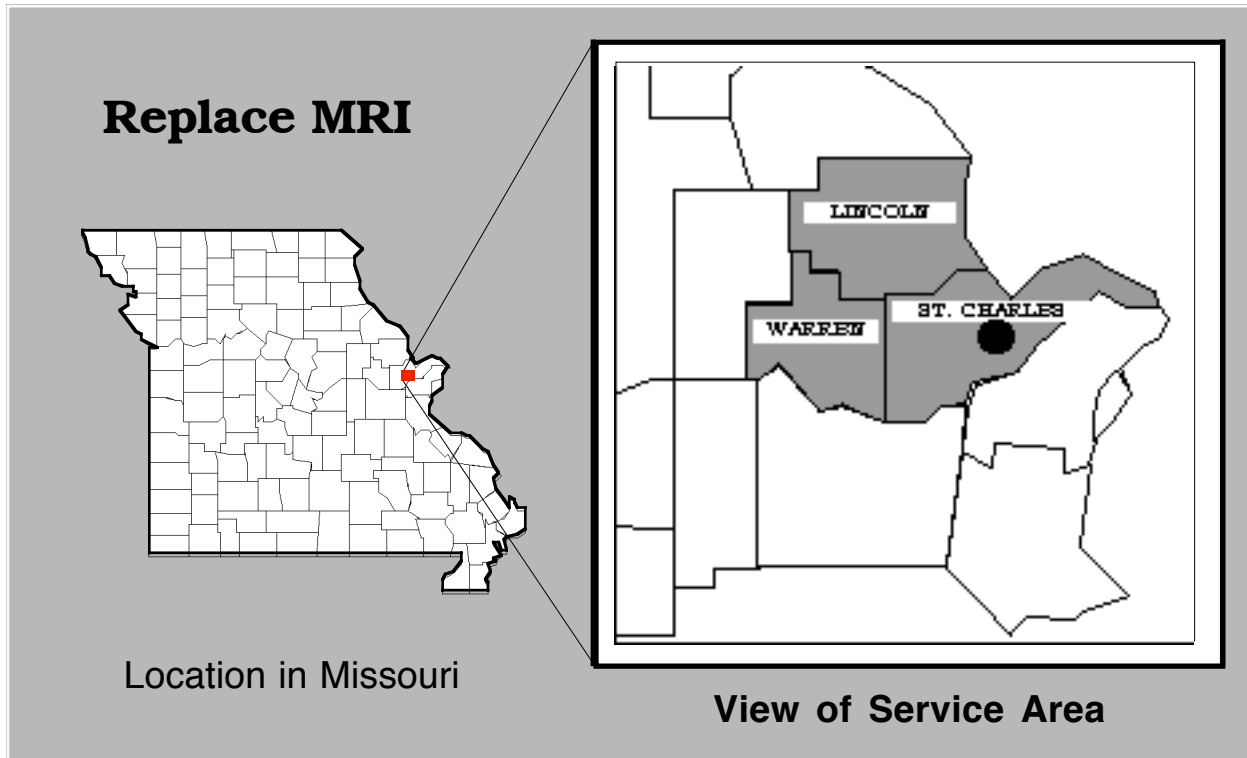
or

fax to: 573-751-7894

or

email to: moconp@mchsi.com (no signature required)

#3978 HS: Barnes-Jewish St. Peters Hospital



Applicant: Barnes-Jewish St. Peters Hospital (owner/operator)

Contact Person: Greg Bratcher, 314-286-0629

Project Address: 10 Hospital Drive
St. Peters 63376 (St. Charles County)

Cost: \$1,748,190

Appl. Rec'd: August 10, 2006

100 Days Ends: November 19, 2006 (30-Day Extension: December 19, 2006)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3)..... Documented
- Proposal Description..... 19 CSR 60-50.430(4)..... Documented
- Community Need..... 19 CSR 60-50.440(3)..... Documented

APPLICATION SUMMARY:

The application summary was complete.

1. The Applicant Identification and Certification form was complete.
2. The Registered Representative form for the Contact Person was complete.
3. The Proposed Project Budget form was complete.

PROPOSAL DESCRIPTION:

The detailed project description was complete.

1. The applicant proposes to **replace a magnetic resonance imager (MRI)** with a 1.5 Tesla Siemens Magnetom Espree unit. The existing 1.5 Tesla Siemens long-bore MRI unit previously received CON approval on June 1, 1998 (project #2654 HS). The new unit would be placed in the space where the existing unit is located. No additional shielding would be required.
2. The applicant provided a complete listing of the equipment.
3. The bid quotes provided by the applicant documented the equipment costs. The project costs also include two months of rental time for a temporary mobile unit while the old unit is being removed, and the new unit is being installed.

COMMUNITY NEED CRITERIA AND STANDARDS:

The need according to the Criteria and Standards for Equipment and New Hospitals was documented.

1. The financial rationale for the proposed replacement includes the high cost of maintaining the existing equipment (\$268,432 in repair expenses in the past 18 months), revenues lost due to increasing downtime of the existing unit, and additional revenues to be generated by the new unit due to the ability to perform studies that the old equipment can't do.
2. The seven-year-old existing unit has exceeded the current American Hospital Association "useful life guideline" of five years for MRIs.
3. Quality of care would be improved through faster results and more accurate diagnoses, and the short-bore configuration would lessen anxieties for claustrophobic patients.
4. Maintenance downtime has been a problem with the existing unit as it has exceeded 350 hours in the past 18 months.
5. The existing unit is not a leased unit.
6. The technological advances of the new unit include:
 - Breast studies;
 - Magnetic resonance angiography;
 - Functional studies;
 - Faster throughput;
 - Enhanced image quality;
 - Short-bore configuration; and
 - Total Imaging Matrix technology.

#3978 HS: Barnes-Jewish St. Peters Hospital

7. Patient satisfaction would be improved because:
 - Exam times would be faster with the new unit;
 - The short-bore is much more easily tolerated by patients; and
 - Improved diagnostic efficacy.
8. Patient outcomes would be improved by the better clinical information provided by the new equipment, the ability to provide earlier diagnosis and treatment, and improved diagnostic efficacy.
9. The applicant estimates that utilization would increase slightly due to faster scan times, the ability to perform new studies, and the population growth in the area.
10. The primary new capabilities of the new equipment are magnetic resonance angiography, functional studies, and breast MRI studies. Technology included in the new equipment would also eliminate the need for coil changes between many common scans.
11. The applicant's historical average patient charges per MRI procedure for 2004 through 2006 were \$1563, \$1689, and \$1792, respectively. For 2007 through 2009, average patient charges per MRI procedure are projected to be \$1845, \$1901, and \$1958, respectively. The proposed charges reflect an estimated increase of 3% per year.

ADDITIONAL INFORMATION:

*A small amount of additional information was requested from the applicant.
A copy is included with the application in this mailing.*

EXPEDITED APPLICATION BALLOT

September 11, 2006

In accordance with your Rules, this ballot should be received in the Certificate of Need Program office by no later than **September 21, 2006**. It may be returned by mail, e-mail or fax. *(If your vote is e-mailed, the paper copy may be discarded.)*

Project Name: **Christian Hospital**
Project Number: **3979 HS**
Project Cost: **\$2,042,461**
Description: **Replace Cardiac Catheterization Lab**
Applicant(s): **Christian Hospital (owner/operator)**

(please check either of the following)



Approve the proposal as presented.



I have questions. Please place the proposal on the November 20, 2006, Committee meeting agenda for further discussion.

Signature of «Name»

Date Signed

.....
mail to: Certificate of Need Program
P.O. Box 570
Jefferson City, MO 65102

or

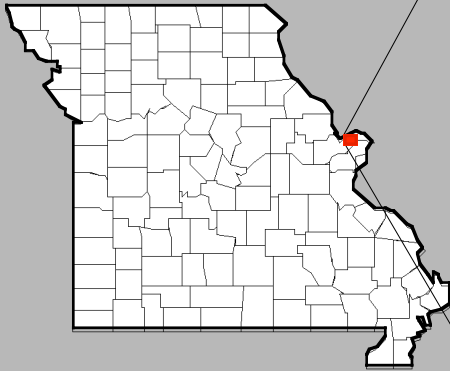
fax to: 573-751-7894

or

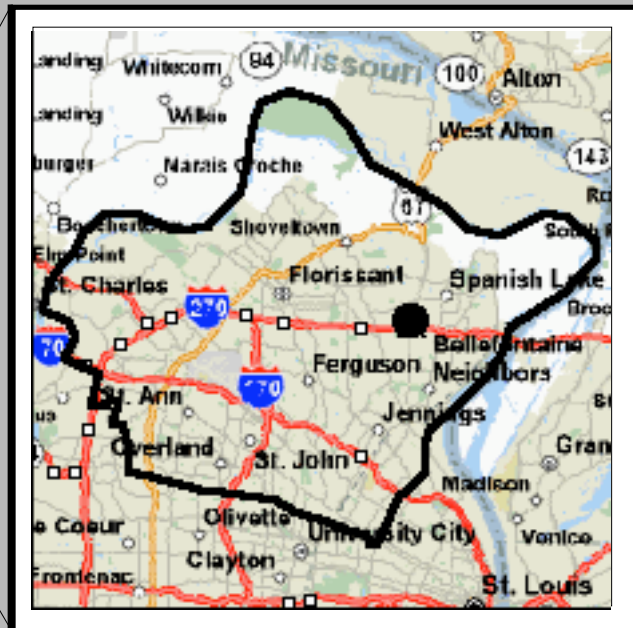
email to: moconp@mchsi.com (no signature required)

#3979 HS: *Christian Hospital*

Replace Cardiac Cath Lab



Location in Missouri



View of Service Area

Applicant: Christian Hospital (owner/operator)

Contact Person: Greg Bratcher, 314-286-0629

Project Address: 11133 Dunn Road
St. Louis 63136 (St. Louis County)

Cost: \$2,042,461

Appl. Rec'd: August 10, 2006

100 Days Ends: November 19, 2006 (30-Day Extension: December 19, 2006)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3)..... Documented
- Proposal Description..... 19 CSR 60-50.430(4)..... Documented
- Community Need..... 19 CSR 60-50.440(3)..... Documented

APPLICATION SUMMARY:

The application summary was complete.

1. The Applicant Identification and Certification form was complete.
2. The Registered Representative form for the Contact Person was complete.
3. The Proposed Project Budget form was complete.

PROPOSAL DESCRIPTION:

The detailed project description was complete.

1. The applicant proposes to **replace a cardiac catheterization laboratory** with a Siemens Axiom Artis bi-plane system. The existing Siemens system previously received CON approval on January 7, 1991 (project #1755 HS). The new unit would be placed in the space where the existing unit is located.
2. The applicant provided a complete listing of the equipment to be acquired.
3. The bid quotes provided by the applicant documented the equipment cost.

COMMUNITY NEED CRITERIA AND STANDARDS:

The need according to the Criteria and Standards for Equipment and New Hospitals was documented.

1. The financial rationale for the proposed replacement includes the high cost of maintaining the existing equipment and revenues lost due to increasing downtime of the existing unit.
2. The 13-year-old existing unit has exceeded the current American Hospital Association "useful life guideline" of seven years for cardiac cath equipment.
3. Quality of care would be improved through more reliability, greater accuracy due to enhanced imaging and the digital technology would make images more accessible and transferable.
4. Maintenance downtime has been a problem with the existing unit due to the unavailability of repair parts.
5. The existing unit is not a leased unit.
6. The technological advances of the new unit include:
 - Digital bi-plane technology;
 - Electrophysiology capabilities; and
 - Digital imaging storage and retrieval.
7. Patient satisfaction would be improved because:
 - Exam times would be faster with the new unit;
 - Greater reliability of the new equipment would reduce rescheduling of procedures; and
 - Radiation exposure would be reduced.

#3979 HS: Christian Hospital

8. Patient outcomes would be improved by the better clinical information provided by the new equipment, and the ability to provide earlier diagnosis and treatment.
9. The applicant estimates that utilization would increase directly due to the new equipment, but overall annual increases of 6% are expected.
10. The primary new capabilities of the new equipment are the bi-plane technology and the electrophysiology capabilities.
11. The applicant's historical average patient charges per cardiac cath procedure for 2004 through 2006 were \$10824, \$10323, and \$9655, respectively. For 2007 through 2009, average patient charges per cardiac cath procedure are projected to be \$9449, \$9232, and \$9013, respectively. The proposed charges reflect an estimated decrease of just over 2% per year. According to the applicant the reduction in the average charges is due to higher numbers of procedures being done on an outpatient basis.

ADDITIONAL INFORMATION:

*A small amount of additional information was requested from the applicant.
A copy is included with the application in this mailing.*